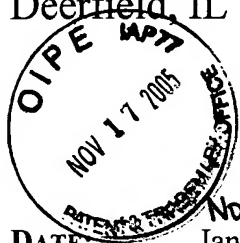


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NOTES/COMMENTS:

REVOCAION & NEW POWER OF ATTY/CHANGE OF CORRESPONDENCE ADDRESS/STATEMENT UNDER 37 CFR 3.73(b)

Appl. No.: 10/671,171

Confirmation No.: 7008

Applicant: ~~Hertz~~ Goodew et al.

Filed: 9/25/2003

Title: Disposable adhesive Bibs

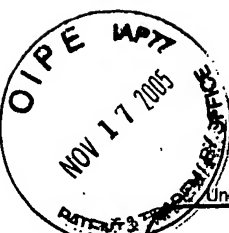
TC/A.U.: 37165

Examiner: Patel

Docket No.: Please change from 47079.12 to 29-001

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/671,171
Filing Date	9/25/2003
First Named Inventor	Heard Gooden
Art Unit	3765
Examiner Name	PATEL, Tajash D.
Attorney Docket Number	change to 29-001

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 48036

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 48036

OR

<input type="checkbox"/> Firm or Individual Name	LuAnn Heald (StickyKids)				
Address	4155 N. Haverhill Rd # 1413				
City	West Palm Beach	State	FL	Zip	33417
Country	USA				
Telephone	561-615-0399	Fax			

I am the: call 561-251-5774

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	LuAnn Heald		
Date	10/22/05	Telephone	561-615-0399

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/671,171
	Filing Date	9/25/2003
	First Named Inventor	GOODEW
	Art Unit	3765
	Examiner Name	PATEL, Tajash D.
	Attorney Docket Number	change to 29-001

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OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:
☒ Applicant/Inventor.
☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Deb Goodew		
Date	10/28/05	Telephone	507-437-8133

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below".

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